



## ADMISSION GUIDELINE

### SEMESTER 1 SESSION 2/2022/2023 (INTERIM)

Date	Requirement						
Before 9 <sup>th</sup> Jan 2023	<ol style="list-style-type: none"><li>1. Submit Letter of Acceptance at <a href="https://bit.ly/AcceptanceMarch2023">https://bit.ly/AcceptanceMarch2023</a></li><li>2. Fill in the form of Financial Aid Declaration at <a href="https://forms.gle/asxyYzJwiZLy6AuQA">https://forms.gle/asxyYzJwiZLy6AuQA</a></li><li>3. Conduct Medical Check-up / Screening. Submit the report on 9<sup>th</sup> Jan 2023. (Medical Examination Form – Appendix 2)</li><li>4. Submit application for Course Exemption and Credit Transfer (If Any)</li></ol>						
9 <sup>th</sup> Jan 2023	<ol style="list-style-type: none"><li><b>1. Registration</b> Venue : Admission Dept, 3<sup>rd</sup> Floor, KPJ Healthcare University College, Nilai, Negeri Sembilan Time : 9.00 am – 1.00 pm 2.00 pm – 3.30 pm</li><li><b>2. Briefing New Students</b> Venue : Audi 1, Block B. Academic Building, KPJ Healthcare University College, Nilai, Negeri Sembilan</li></ol> <table border="1"><thead><tr><th>Session</th><th>Session 1</th><th>Session 2</th></tr></thead><tbody><tr><td>Time</td><td>11.30am – 12.00pm</td><td>3.00pm – 4.00pm</td></tr></tbody></table> <p>**Parents/Guardian encourage to attend the Briefing Session</p>	Session	Session 1	Session 2	Time	11.30am – 12.00pm	3.00pm – 4.00pm
Session	Session 1	Session 2					
Time	11.30am – 12.00pm	3.00pm – 4.00pm					
10 <sup>th</sup> Jan -12 <sup>th</sup> Jan 2023	<b>New Students Orientation (DSA/SRC)</b> Venue : KPJ Healthcare University College, Nilai, Negeri Sembilan & KPJ Specialist Hospitals Group Time : 8.30am – 5.30pm Orientation will conducted by Department of Student Affair (DSA) and Student Representative Council (SRC)						
13 <sup>th</sup> Jan 2023	<b>New Students Orientation (School/Faculty)</b> Venue : Respective School/Faculty Time : 8.30am – 5.30pm Orientation will conducted by respective Programme Coordinator						



**KPJ HEALTHCARE**  

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**UNIVERSITY COLLEGE**  
(A Member of KPJ Healthcare Berhad Group)

**Admission Guidelines for  
Session 2/2022/2023 (INTERIM)**

**Effective date: 1 December 2022**

**Department of Admission**

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## KPJ HEALTHCARE UNIVERSITY COLLEGE (KPJUC)

(Formerly known as PNC International College of Nursing and Health Sciences) is a subsidiary of KPJ Healthcare Berhad, a key private healthcare services provider.

Established on 1 April 1991, KPJUC has been right from the outset, a progressive and entrepreneurial institution of higher learning with an international vision, placing students at the core of the heart of everything it does. It offers academic programmes through 6 academic Faculty namely;

1. Graduate School of Medicine
2. School of Pharmacy
3. School of Nursing
4. School of Health Sciences
5. School of Business and Management
6. Centre for Global Professional & Social Development.

For more info:

<https://www.kpjuc.edu.my/aboutus/>

Congratulations!

Norul Huda Mohd Nasir  
Head,  
**Department of Admission**



### PHILOSOPHY

Towards a healthy and informed society through integration of healthcare education, research and comprehensive healthcare services.

### VISSION

The preferred healthcare education provider for academic excellence.

### MISSION

Towards a healthy and informed society through integration of health education, research and comprehensive healthcare services and lifelong learning.

### EDUCATIONAL GOAL

1. To provide sustainable education in health sciences which promotes the advancement of knowledge, critical and innovative thinking.
2. To produce competent, caring, eloquent and ethical healthcare professionals.
3. To inculcate leadership quality and ability to work as team members.
4. To promote lifelong learning.

## 1.0 DEPARTMENT OF ADMISSION

### 1.1 ADMISSION REGULATIONS

#### a) **Registration Process.**

The registration is only valid to the intake session mention in the letter of offer. Please ensure that all essential information is submitted prior to the Registration Day. New students must attend the registration and briefing on 9<sup>th</sup> Jan 2023 as per scheduled. As mentioned on the Offer Letter, physical registration will take place at KPJUC's Nilai campus.

Department of Admission can be reach at 06-7984420 / 4423 / 4431/ 4484 (Registration & Admission)

To conduct the Medical Check-up/ screening at the hospital listed below (at own cost):

- i. Any KPJ Hospital; or
- ii. Any Government Hospital; or
- iii. Any Klinik Kesihatan

Please submit the required documents on 9<sup>th</sup> Jan 2023. The documents are as follows:-

- i. 1 copy of Offer Letter
- ii. 1 copy of Letter of Acceptance
- iii. Medical Examination Report (with photo) – Appendix 1
- iv. Student Personal Data Form (with photo) – Appendix 2
- v. 3 pieces of passport size photo (write your name and programme at the back side)
- vi. 1 copy of student's IC (with color)\*
- vii. 1 copy of both parents' IC/passport (with color)
- viii. 1 copy of SPM certificate and transcript (for bachelor programme)(with color)\*
- ix. 1 copy of "Sijil Berhenti Sekolah"
- x. 1 copy of birth certificate (with color)\*

\*Kindly bring the original copy of the document for verification.

#### b) **Accommodation for Family During Registration (if necessary)**

Kindly contact Puan Nora Yahya (Consultant) at 012-340 2947 e-mail (norasiah\_yahya@yahoo.com) for accommodation booking arrangements.

### 1.2 APPLICATION FOR CREDIT EXEMPTION AND CREDIT TRANSFER

Students with prior formal study are welcome to join KPJUC undergraduate programmes with credit transfer. Through the process of credit transfer, a student will earn the credit value of the transferred credit. The approved transfer credits will be counted towards the total credit requirement for the graduation of the programme enrolled. The credit transfer will be considered on a case-by-case basis.

Kindly please visit <https://www.kpjuc.edu.my/download-forms/> for more info.

### 1.3 CHANGE PROGRAMME OF STUDIES (Before 9<sup>th</sup> Jan 2023)

Change of programme is allowed only when the following conditions is fulfilled:

- a) Officially inform Department of Admission by e-mail at [accept@kpjuc.edu.my](mailto:accept@kpjuc.edu.my)
- b) Meet the entry requirement of proposed academic programme.

#### 1.4 CHANGE PROGRAMME OF STUDIES (After 9 Jan 2023)

Change of programme is allowed only when the following conditions is fulfilled:

- a) Complete and submit change of programme form to Department of Admission.
- b) Meet the entry requirement of the chosen academic programme
- c) Obtain the approval from the Dean of School

#### 1.5 WITHDRAWAL FROM THE PROGRAMME PROCESS

- a) Please inform your Programme Coordinator and kindly discuss your intention to withdraw.
- b) You will be contacted by University Counselor for consultation session and if necessary a session with the Academic Manager.
- c) The Department of Admission staff will contact you to give the withdrawal form.
- d) Please complete the form and to make payment settlement for all the outstanding fee (if any).

#### 1.6 HEP B IMMUNISATION SCHEDULE

Immunisation Dose	Schedule (Months)	Recommended
First	0	Within 1 <sup>st</sup> month upon Registration Day
Second	1	After a month of 1 <sup>st</sup> dose
Third	6	Six months after 1 <sup>st</sup> dose

- a) After the registration at KPJUC, students must get the Hepatitis B vaccination as part of the immunization programme before going to clinical attachment at KPJ hospital. The Programme Coordinator will advise the students when to plan for the vaccination.
- b) Vaccination can be performed at :
  - Government Hospitals
  - Private Hospitals
  - Private Clinics
- c) Students must undergo 3 doses of HEP B vaccination as stated in schedule above.
- d) Minimum of two doses are mandatory before students go for clinical posting. Remember to keep your receipt of vaccination and the immunization card must be presented to your Programme Coordinator (Prove of vaccination)
- e) Please note that the programme listed below **DO NOT NEED** to take Hepatitis B vaccination:
  - Foundation in Science
  - Diploma in Health Information Management
  - Diploma in Healthcare Management
  - Bachelor of Business Management (Hons)
- f) **The vaccination cost is to be borne by the students.**

## 2.0 DEPARTMENT OF FINANCE

### 2.1 Method of Payment (Fees)

- a) Internet/Online Banking – JomPay from any local banks



Bill Code : 60277  
Ref-1 : Student IC No. (compulsory)  
Ref-2 : Phone No. (compulsory)

- b) Or pay the fee by Credit Card / Debit Card at Finance Department Counter located at level 3 Corporate office Building (Monday to Friday: 9.00 am – 4.00 pm).
- c) KPJUC do not accept any payment by cash
- d) Attach the payment slip as evidence of your payment and email to ([acckpjic@kpiuc.edu.my](mailto:acckpjic@kpiuc.edu.my)) included Name & Courses & IC Student.

### 2.2 Tuition Fee

- a) Tuition fee will be invoiced based on semester basis.
- b) Tuition fee will not be charged during the interim period from 9<sup>th</sup> January until 6<sup>th</sup> March 2023
- c) The fees must be paid before the final examination or Clinical posting of that particular semester.
- d) Students must show proof of payment within 3 days after the payment was made to the Department of Finance (please refer to item 2.1 above). Student account will only be updated once proof of payment is received.
- e) Receipt will only be issued for all successful transactions. Please keep your receipts for future reference.
- f) For inquiries related to billing, student may contact: Ms Hidayah/ Ms Syafirah at 013-3478340

### 2.3 Finance Policy

- a) Kindly forward any sponsorship letters (if any) to the Department of Finance for billing purposes.
- b) All sponsored students must pay the University immediately if the sponsor made the payment into the students' accounts.
- c) Students are required to settle the outstanding tuition fees upon commencing of new semester. Failing which KPJUC has the right to;
1. Block students' registration for the next new semester, or/and
  2. Block students' access to the final examination result of current semester, or/and
  3. Block students from taking the final examination.

d) Below is our Refund Policy if students withdraw from KPJUC with advanced payment.

No.	Point of Withdrawal or Drop	Type of Fee and Percentage of Refundable Fee (%)
		Tuition Fee
1.	Before Registration Day	100%
2.	Week 1 – Week 4 (Add drop period )	100%
3.	Week 5 – Week 12 After add drop period	50%
4.	Week 13 onward	Non Refundable

e) Refund application will be processed for students where the status is graduated, dropped or withdrew. No refund to will be processed for active & deferred student.

f) Credit balances within a student's individual account will not be remitted automatically. A student seeking a refund of his/her credit must do so by completing an "Application for Refund of Fees" with supporting document at KPJUC Finance Department.

### 3.0 FINANCIAL AID UNIT

#### 3.1 PTPTN Application

- PTPTN is only applicable to diploma and bachelor programme (Full-time mode). Students are advised to contact Financial Aid Unit for online schedule.

- **Step to apply for PTPTN:-**

**STEP 1** : Open a saving account at Bank Islam or by online application through <https://vao.bankislam.com.my/>

**STEP 2** : Open an SSPN Prime account at: <https://www.sspni.online/buka>

- i. Log on to : <https://www.ptptn.gov.my/esmas-open-acc-web/#/openAccount>
- ii. Select: SSPN Prime
- iii. Fill up all the details accordingly
- iv. For segment "Pekerjaan" please put (Pelajar / Student)
- v. For segment "Pendapatan" please put RM10
- vi. For segment "KOD EKSEKUTIF PTPTN / ID EJEN" log in with Agent Id : 000002240
- vii. Please follow the step of the application process.
- viii. Please contact Mr. Rasul [@rasul@ptptn.gov.my](http://www.wasap.my/60129529017/sspn000002240) for further assistance.

**STEP 3** : Purchase PTPTN Pin No. from Bank Simpanan Nasional (walk-in), or at PTPTN website (online): <http://www.ptptn.gov.my/> .

**STEP 4** : Communicate with Mrs Anis Aziela at 013-8482417 for inquiry / if you have problems in filling up the PTPTN online application.

**(PTPTN online application will be guided by Financial Aid staff at Makmal IT)**

#### 3.2 MARA Application

MARA its education loan division to provide educational loan facilities to all eligible Bumiputera for studies at level Diploma, Bachelor degree and offered courses are to accord with MARA advertisements with terms and conditional applied. For application through online at [www.mara.gov.my](http://www.mara.gov.my)

#### 3.3 Opportunity for Sponsorship by KPJ Group of Hospitals

All students have the opportunity to be fully or partially sponsored by our KPJ group of hospitals. The general terms and conditions are as follows:

- a) Obtain CGPA 3.50 and above for 1st year examination result.
- b) No disciplinary record
- c) Scholarship award from the respective hospitals is strictly upon their discretion.
- d) Successful candidates will be bonded to the respective hospitals and subject to terms and conditions.

#### 3.4 Education Loan

- 1) Bank Rakyat offers i- Education loan.  
For further information please contact: Pn. Rohanita : 019-315 0877 / En. Rohizan : 013-3952395
- 2) Bank Affin Education financing-I ,  
For further information Contact Affin Bank, Nilai branch at 06-7994114



## **4.0 DEPARTMENT OF STUDENT AFFAIRS**

### **4.1 Insurance for Students**

- a) KPJ Healthcare University College provides students with in-patient medical insurance.
- b) The total coverage is RM 5,000 per year and this amount is not inclusive of out-patient and follow-up cases.
- c) The purpose is to ensure students are medically covered during their studies and practical training.
- d) It can be utilized either at public or private hospitals.
- e) Students must follow the policy for in-patient coverage and liaise with the Student Affairs Department before admission into hospital.

### **4.2 Dress Code / Ethics**

- a) The dress code for students on campus must be adhered at all time.
- b) The sample of attires by School/programme are shown in the Students' Handbook.
- c) The attire must be neat and proper at all time.

### **4.3 Hostel Accommodation**

- a) Students accommodation will be provided during:
  - On Campus (During theory session at KPJUC)
  - Off Campus (During Practical Session)
- b) For Bachelor students, accommodation will only be provided during their first year of study. For the subsequent years, accommodation will be charged per semester depends on the vacancy and other terms by the Department of Student Affairs.
- c) Both Diploma and Foundation students are compulsory to stay in the hostel throughout their study. Students may apply to stay outside the campus with permission from Department of Student Affairs.
- d) Basic facilities is provided (bed, mattress, wardrobe, study table and chair)
- e) Students are required to bring their own pillows, blankets, bed sheets and other personal items.
- f) Students are allowed to bring their own vehicles but they must apply for sticker from the "Unit Residential".
- g) Cooking is not permitted due to safety reasons.
- h) A comprehensive hostel regulations will be distributed during Orientation Week.

Department of Student Affairs can be reach at 06-794 2681 (General Inquiry) / 019-8953226 (Hostel).

## Frequently Asked Questions

ITEMS	<p><b><u>IMPORTANT NOTES FOR STUDENTS</u></b></p> <p><i>(The details are available at the Admission Guidelines – <a href="http://www.kpjuc.edu.my/download-forms/">www.kpjuc.edu.my/download-forms/</a>)</i></p>
1. Acceptance of Study	<ul style="list-style-type: none"> <li>• Please fill in KPJUC Acceptance Letter (Page 2) and upload to: <a href="https://bit.ly/AcceptanceMarch2023">https://bit.ly/AcceptanceMarch2023</a></li> </ul>
2. PTPTN (only for diploma and bachelor programme)	<ul style="list-style-type: none"> <li>• Open SSPN Prime through online or walk in nearest PTPTN Counter.</li> <li>• Open Bank Islam saving account (charged is depending on the bank)</li> <li>• Purchase PTPTN pin number at Bank Simpanan Nasional branch</li> <li>• Online application of PTPTN will be guided to student at Makmal IT. Any inquiries, kindly contact Mrs Anis Aziela at 013-8482417.</li> <li>• The loan amount is depending on the total family income and their number of dependents</li> <li>• Student are required to submit the agreement of PTPTN to financial Aids (Person In-Charge Mrs Anis Aziela at 013-8482417) for verification or submitted by own to nearest Branch PTPTN office.</li> </ul>
3. Bank Rakyat Loan	<ul style="list-style-type: none"> <li>• Bank Rakyat offers i-Education Loan up to RM250,000.00.</li> <li>• Ctc: Pn. Rohanita : 019-315 0877 / En. Rohizan : 013-3952395 for further information.</li> </ul>
4. Affin Bank Education Loan	<ul style="list-style-type: none"> <li>• Bank Affin Education financing-I</li> <li>• Contact Person: Pn Azlina A habeebullah : 013-430858 or email address : <a href="mailto:azliaha@affinbank.com.my">azliaha@affinbank.com.my</a> for further information.</li> </ul>
5. Tuition Fees	<ul style="list-style-type: none"> <li>• Department of Finance - Billing &amp; Payment (<b>013-3478340</b>) for all inquiries about fees.</li> <li>• Department of Financial Aid - (<b>013-8482417</b>) for all inquiries about PTPTN and Scholarships.</li> </ul>
6. Medical Check-up	<ul style="list-style-type: none"> <li>• The fees varies based on Hospitals. It can be conducted at any <b><u>KPJ Group of Hospitals / Government Hospitals and "Klinik Kesihatan"</u></b>.</li> </ul>
7. Hostel	<ul style="list-style-type: none"> <li>• On-campus and within walking distance.</li> <li>• Our hostel is an apartment with 3 rooms (3 students per room)</li> <li>• Cooking is not allowed</li> <li>• Hostel is provided for the Foundation and Diploma students for the whole duration of studies (no additional charge)</li> <li>• Hostel is provided for the Bachelor students during their first year of study only. Student will be required to pay RM1500 per semester for their second year onwards. (Room subject to availability)</li> </ul>
8. ATM Machine	<ul style="list-style-type: none"> <li>• CIMB, MAYBANK and AM BANK (± 800m@Mydin Kota Seriemas)</li> </ul>
9. Change of Programme	<ul style="list-style-type: none"> <li>• Subject to approval by the Dean of School and upon meeting the entry requirement.</li> </ul>
10. Emergency Call	<ul style="list-style-type: none"> <li>• Warden : <b>06 - 794 2681</b> (office hours)</li> <li>• After office hours: Please refer to the "Emergency Contact List" at the Notice Board at every hostel blocks. <b><u>Our service is 24 hours.</u></b></li> </ul>
11. Student vehicle	<ul style="list-style-type: none"> <li>• Register your vehicle at the Department of Student Affairs</li> <li>• <b>RM5.00</b> per car/motorcycle sticker.</li> </ul>
12. Transport Terminal	<ul style="list-style-type: none"> <li>• Bus and Commuter Terminal at the Pekan Nilai Lama (±10km)</li> </ul>
13. Cafe	<ul style="list-style-type: none"> <li>• On campus café is ready between <b>(6.30 a.m. 10.00 p.m)</b></li> </ul>

## MEDICAL EXAMINATION REPORT

### SECTION 1 (TO BE COMPLETED BY STUDENT: *Untuk diisi oleh calon*)

Full Name: (As in your IC / Passport - *Nama penuh seperti dalam no kad pengenalan / passport*)

: \_\_\_\_\_

Programme: \_\_\_\_\_

I/C Number (*No kad pengenalan*) / Passport NO.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth

Age

<i>d</i>	<i>d</i>	<i>m</i>	<i>m</i>	<i>y</i>	<i>y</i>	<i>y</i>	<i>y</i>		

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Contact No. : \_\_\_\_\_

Marital Status :  *Single*  *Married*

### SECTION 2 (TO BE COMPLETED BY STUDENT: *Untuk diisi oleh calon*)

Please tick (✓) in the relevant box. Explain in full if you have any of the following illness.

*Sila tandakan (✓) dalam petak yang berkenaan. Perincikan.*

S/N	MEDICAL PROBLEM <i>Masalah kesihatan</i>	YES	NO	If 'YES' please state <i>Sekiranya 'YA' sila jelaskan</i>
1	Blood stained Sputum ( <i>Kahak berdarah</i> )			
2	Asthma ( <i>Lelah</i> )			
3	Tuberculosis ( <i>Batuk kering / Tibi</i> )			
4	Psychiatric problem / history ( <i>Sakit Jiwa</i> )			
5	Epilepsy ( <i>Sawan</i> )			
6	High Blood ( <i>Darah Tinggi</i> )			
7	Diabetes ( <i>Kencing Manis</i> )			
8	Tyroid Diseases ( <i>Penyakit Tiroid</i> )			
9	Systemic Lupus Erythematosus ( <i>SLE</i> )			
10	Other diseases of Lungs ( <i>Lain-lain penyakit paru-paru</i> )			
11	Joint pains ( <i>Sengal –sengal sendi</i> )			
12	Swelling of legs ( <i>Bengkak Kaki</i> )			
13	Giddiness ( <i>Pening Kepala</i> )			
14	Swelling of scrotum ( <i>Burut</i> )			
15	Migraine ( <i>Migrain</i> )			
16	Hysteria ( <i>Histeria</i> )			
17	Allergic ( <i>Alahan</i> )			
18	Heart ( <i>Jantung</i> )			
19	Kidney ( <i>Buah Pinggang</i> )			
20	Gastric			
21	HIV/AIDS			
22	Cancer ( <i>Barah</i> )			
23	Vebereal Diseases ( <i>Penyakit Kelamin</i> )			
24	Leukemia			
25	Hepatitis			
26	Major Depressive Disorder ( <i>MDD</i> )			

Affix  
passport size  
Photo here  
*Lekatkan gambar  
berukuran passport  
di sini*

Any other diseases or serious personal injury

(Penyakit –penyakit lain atau kecederaan diri yang mudarat) : -----

Have you been referred to a specialist? Give details

Adakah anda pernah di rujuk kepada doktor pakar ? Berikan penjelasan :

No/Tidak

Yes/Ya

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-  
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## **DECLARATION BY CANDIDATE**

### **PENGAKUAN CALON**

I hereby certify that the information given above is true. I understand that my application will be rejected if there is any false information given. (Saya mengesahkan bahawa maklumat yang diberikan di atas adalah benar. Saya faham bahawa pendaftara saya sebagai pelajar akan ditolak jika terdapat maklumat palsu yang diberikan).

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Signature of candidate

Date :

Tandatangan calon

Tarikh

\*The final decision for the medical screening examination is solely depending on the University College and the University College reserves the right to revoke the offer of admission if not fully supported by the doctor.

(Keputusan muktamad pemeriksaan perubatan kesihatan ini tertakluk kepada perakuan pihak Kolej Universiti dan pihak Kolej Universiti berhak membatalkan tawaran kemasukan pelajar sekiranya laporan kesihatan tidak disokong oleh Pegawai Perubatan.

## **SECTION 3 - PHYSICAL EXAMINATION: TO BE COMPLETED BY THE DOCTOR**

<b>1. BASIC MEASUREMENT</b>		<b>COMMENT</b>
1.1	HEIGHT (M)	
1.2	WEIGHT (KG)	
1.3	Body Mass Index (BMI) <ul style="list-style-type: none"> <li>• Less than 16.0 – Severely Underweight</li> <li>• From 16.0 to 18.5 – Underweight</li> <li>• From 18.6 to 25.0 – Normal Weight</li> <li>• From 25.1 to 30.0 – Overweight</li> <li>• From 30.1 to 35.0 – Moderately Obese</li> <li>• More than 35.0 – Severely Obese</li> </ul>	
<b>2. EXAMINATION OF TEETH</b>		
<b>3. EXAMINATION OF THROAT</b>		
<b>4. BLOOD PRESSURE</b>		
<b>5. EXAMINATION OF EYES</b>		
5.1	Vision Uncorrected	
5.2	Vision corrected with glasses / contact lenses	
5.3	Fundus examination	
<b>6. EXAMINATION OF EAR</b>		
6.1	Any discharge present	
6.2	Condition of drum	
6.3	Acuity of hearing	

<b>7. EXAMINATION OF CHEST ANY ABNORMALITY OF FORM</b>		
7.1	Expansion normal	
7.2	Equal on both sides	
7.3	Percussion	
7.4	Auscultation	
7.5	X-ray examination report ( <i>Please request for chest X-Ray only when required</i> )	
<b>8. EXAMINATION OF BREAST</b>		
1.1	Any lumps detected	
<b>9. CONDITION OF HEART</b>		
9.1	Phythm	
9.2	Character of impulse at apex	
9.3	Position of apex beat	
9.4	Any change in size	
9.5	Any murmurs present	
<b>10. PULSE</b>		
10.1	Rate	
10.2	Character	
10.3	Any evidence of arterial changes	
<b>11. ABNORMALITIES OTHER ORGANS</b>		
11.1	Liver	
11.2	Spleen	
11.3	Abdomen	
<b>12. EXAMINATION OF URINE</b>		
12.1	Specific gravity	
12.2	Albumin	
12.3	Sugar	
12.4	Microscopic examination of deposit	
<b>13. BLOOD EXAMINATION</b>		
13.1	H.I.V Screening	
13.2	Hepatitis B Screening	
13.3	Hepatitis C Screening	
<b>14. EXAMINATION OF REFLEXES</b>		
14.1	Condition of patellar reflexes	
14.2	Condition of ankle reflexes	
14.3	Condition of plantar reflexes	
14.5	Are pupils equal	
14.6	Do the pupils react to light	
14.7	Do the pupils react to accommodation	
14.8	Any sensory loss	

**SECTION 4 - ENDORSEMENT BY THE MEDICAL OFFICER**

*(Please tick (✓) in the appropriate box*

I hereby certify that I have examined the person and I found that he / she (please select) is;

- in good health;
- having the following medical complication(s) / undergoing treatment for (please state)

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and (please select):       **NOT FIT**       **FIT**

To undergo training as a student at KPJ Healthcare University College.

Signature of Doctor : -----

Name of Doctor : -----

Qualification : -----

Official Stamp : -----

Date : -----

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Remarks by the University officers:



By filing-in this form, you agree that KPJ Healthcare University College may collect, use and disclose your personal data, as provided in this form, or (if applicable) obtained by our organisation as a result of your data, for the following purposes in accordance with the Personal Data Protection Act 2010 and our data protection policy (available at our website <http://www.kpiuc.edu.my>)

**STUDENT PERSONAL DATA**  
**(BORANG MAKLUMAT PELAJAR)**

**Photo**  
**Please Affix**  
**Here**

**A. PROGRAMME**

PROGRAMME NAME	
----------------	--

**B. PERSONAL INFORMATION (STUDENT)**  
**MAKLUMAT PERIBADI (PELAJAR)**

FULL NAME (as in ID CARD / PASSPORT) <i>Nama penuh (seperti dalam kad pengenalan)</i>	
ID NUMBER / PASSPORT NUMBER <i>(Nombor kad pengenalan)</i>	
DATE OF BIRTH ( <i>Tarikh lahir</i> )	
ID COLOUR ( <i>Warna IC – untuk warganegara sahaja</i> )	
NATIONALITY ( <i>Kewarganegaraan</i> )	
GENDER ( <i>Jantina</i> )	
RACE ( <i>Bangsa</i> )	
RELIGION ( <i>Agama</i> )	
MARITAL STATUS ( <i>Status perkahwinan</i> )	
NO. OF SIBLINGS ( <i>Bil. adik beradik termasuk anda</i> ) <i>Anda anak yang ke berapa? [ ]</i>	
CONTACT NO. (HOUSE) ( <i>Nombor telefon rumah</i> )	
MOBILE PHONE NUMBER ( <i>Nombor telefon bimbit</i> )	
E-MAIL ADDRESS ( <i>e-mel</i> )	
FAMILY INCOME <i>(Pendapatan isi rumah – semua yang bekerja)</i>	<input type="checkbox"/> < 1,000 <input type="checkbox"/> 2,500 3,500 <input type="checkbox"/> 1,000 - 2,500 <input type="checkbox"/> > 3,500 -5,000 <input type="checkbox"/> 5,000 and above
OKU STATUS ( <i>Status OKU</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
CURRENT MAILING ADDRESS <i>(Alamat surat menyurat yang terkini)</i>	
POSTCODE ( <i>Poskod</i> )	
CITY ( <i>Bandar</i> )	
STATE ( <i>Negeri</i> )	

**CO-CURRICULUM ACTIVITY (AKTIVITI KO-KURIKULUM)**

<b>ACTIVITY</b> <i>(Nama aktiviti)</i>	<b>POSITION/ACHIEVEMENT</b> <i>(Jawatan atau Pencapaian)</i>	<b>YEAR INVOLVED</b> <i>(Tahun aktif)</i>

**C. SPOUSE INFORMATION (IF MARRIED)****MAKLUMAT PERIBADI PASANGAN (SEKIRANYA BERKAHWIN)**

FULL NAME (SAME AS ID CARD / PASSPORT) <i>(Nama penuh (sama seperti dalam kad pengenalan / pasport))</i>	
NRIC NUMBER / PASSPORT NUMBER <i>(Nombor kad pengenalan / nombor pasport)</i>	
NATIONALITY <i>(Kewarganegaraan)</i>	
PERMANENT ADDRESS <i>(Alamat Tetap)</i>	
MOBILE NUMBER <i>(Nombor Telefon Bimbit)</i>	
OCCUPATION <i>(Pekerjaan)</i>	

**D. PARENTS PERSONAL INFORMATION (MAKLUMAT PERIBADI IBU DAN BAPA)****FATHER (BAPA)/ GUARDIAN (PENJAGA)**

FULL NAME (SAME AS ID CARD / PASSPORT) <i>(Nama seperti dalam kad pengenalan / pasport)</i>	
NRIC NUMBER / PASSPORT NUMBER <i>(Nombor kad pengenalan / nombor pasport)</i>	
COLOUR <i>(Warna)</i>	
NATIONALITY <i>(Kewarganegaraan)</i>	
RACE <i>(Bangsa)</i>	
RELIGION <i>(Agama)</i>	
PERMANENT ADDRESS <i>(Alamat Tetap)</i>	
CONTACT NUMBER (HOUSE) <i>(Nombor Telefon Rumah)</i>	
MOBILE NUMBER <i>(Nombor Telefon Bimbit)</i>	
OCCUPATION <i>(Pekerjaan)</i>	
EMPLOYER'S ADDRESS <i>(Alamat Majikan)</i>	



TELEPHONE NO. (OFFICE) <i>(No Telefon (Pejabat))</i>	
FAX NUMBER <i>(No. Faks)</i>	

**MOTHER (IBU)**

FULL NAME (SAME AS ID CARD / PASSPORT) <i>(Nama seperti dalam kad pengenalan / pasport)</i>	
NRIC NUMBER / PASSPORT NUMBER <i>(Nombor kad pengenalan / nombor pasport)</i>	
COLOUR <i>(Warna)</i>	
NATIONALITY <i>(Kewarganegaraan)</i>	
RACE <i>(Bangsa)</i>	
RELIGION <i>(Agama)</i>	
PERMANENT ADDRESS <i>(Alamat Tetap)</i>	
CONTACT NUMBER (HOUSE) <i>(Nombor Telefon Rumah)</i>	
MOBILE NUMBER <i>(Nombor Telefon Bimbit)</i>	
OCCUPATION <i>(Pekerjaan)</i>	
EMPLOYER'S ADDRESS <i>(Alamat Majikan)</i>	
TELEPHONE NO. (OFFICE) <i>(No Telefon (Pejabat))</i>	
FAX NUMBER <i>(No. Faks)</i>	

**E. EMERGENCY CONTACT****MAKLUMAT PERIBADI – SELAIN IBU BAPA (KECEMASAN)**

FULL NAME (SAME AS ID CARD / PASSPORT) <i>(Nama penuh (sama seperti dalam kad pengenalan / pasport))</i>	
RELATIONSHIP <i>(Hubungan dengan pelajar)</i>	
PERMANENT ADDRESS <i>(Alamat Tetap)</i>	
CONTACT NUMBER (HOUSE) <i>(Nombor Telefon (Rumah))</i>	
MOBILE NUMBER <i>(Nombor Telefon Bimbit)</i>	
TELEPHONE NO. (OFFICE) <i>(No Telefon (Pejabat))</i>	
FAX NUMBER <i>(No. Fax)</i>	

I CERTIFY THAT THE INFORMATION PROVIDED IN THE FORM IS CORRECT AND COMPLETE. I ACKNOWLEDGE THAT THE SUBMISSION OF INCORRECT OR INCOMPLETE INFORMATION MAY RESULT IN TERMINATED OF ADMISSION AT ANY STAGE DURING THE COURSE AT KPJ HEALTHCARE UNIVERSITY COLLEGE.

*Saya mengaku bahawa segala maklumat yang diberikan di dalam borang ini adalah betul dan tepat. Saya mengakui juga bahawa sekiranya terdapat sebarang maklumat palsu atau tidak lengkap boleh menyebabkan saya diberhentikan daripada meneruskan pengajian di KPJ Healthcare University College*

STUDENT SIGNATURE : .....

*Tandatangan pelajar*

DATE : .....

*Tarikh*

**IMPORTANT NOTE:  
YOU ARE REQUIRED TO NOTIFY ADMISSION DEPARTMENT OF ANY  
CHANGES TO YOUR STUDENT PERSONAL DATA INFORMATION  
IMMEDIATELY.**